

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/575278 FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1	1	1	1	1	51						
2	1	1	1	1	1	1	52						
3	1	1	1	1	1	1	53						
4	1	1	1	1	1	1	54						
5	1	1	1	1	1	1	55						
6	1	1	1	1	1	1	56						
7	1	1	1	1	1	1	57						
8	1	1	1	1	1	1	58						
9	1	1	1	1	1	1	59						
10	1	1	1	1	1	1	60						
11	1	1	1	1	1	1	61						
12	1	1	1	1	1	1	62						
13	1	1	1	1	1	1	63						
14	1	1	1	1	1	1	64						
15			1				65						
16			1				66						
17			1				67						
18			1				68						
19			1				69						
20			1				70						
21			1				71						
22							72						
23							73						
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25							75						
26							76						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			↓	↓	↓				↓			↓	
TOTAL DEP.			←	←	←				↓			←	
TOTAL CLAIMS			↓	↓	↓				↓			←	